FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2014 JAN 21 AM 10: 01

COMMITTEE NAME (Must be same as on Statement of Or	rganization)	
Committee to Elect Walter Utman Harrison County Sup	pervisor	FORM
IMPORTANT: Indicate by # type of committee you are reporting fo (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	r: 5 (2)State PAC (3)State Party	DR-2 (Rev. 12/2009) DISCLOSURE REPORT For Office Use Only Comm. # 18592
CANDIDATE COMMITTEES ONLY: Candidate Name Walter Utman	Political Party (if applicable) Republican	Logged In Scanned Computer
Office Sought Harrison Co. Supervisor	District (if Senate or House)	Audited
Late reports are subject to possible civil and criminal penalties. P candidate's committee, and the chairperson, for any other type of Signature Keing	ursuant to Iowa Code sections 68B.32A(7 committee, is the individual responsible for TELEPHONE	or filing timely and accurate reports.
I AM FILING A January 19, 2014	REPORT FOR (1) ELECTION /(2	CANON EL ECTION DE
(report date)	Indicate by #	
CHECK IF AMENDMENT TO REPORT DATED		
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.	November 4 2013 ounty & Local Committees, enter County in hich Election is held
STATEMENT OF CASH ON HAN		
cash on hand at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fi	cash on hand at the and	e 22.27
ADD TOTAL MONEY TAKEN IN THIS PERIOD	,	
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)	400.00
Schedule F: Loans Received total (Attach Schedule	F)	
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)	
(Schedule H applies to Candidates' Com	mittees Only)	
	SUB-TOTAL	\$ 422.27
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)	(**also see debts and loans below)	
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final rep	ort balance must be zero)	\$ 422.27
**UNPAID BILLS (From Schedule D - Attach Schedule D)		•
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	dule F)	\$
**OUTSTANDING LOANS (From Schedule F - Attach Schedul	e F)	\$
CONSULTANT BREAKDOWN (Schedule G Attached?)	/	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CANDIDATE COMMITTEES ONLY:		YES NO
THE ONLY		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)	\$

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Reset Form

SCHEDULE	
A (Rev. 12/13)	MONETARY RECEIPTS

CHECK THIS BOX IF

AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Walter Utman Harrison Co. Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER
10/23/13	ID#	David A. Ristmiller 4021 Gulf Shore Blve. N #1006 Naples, FL 34103-2234	Friend	\$200.00	INCOM
10/23/13	ID# CK#	Anne B. Ristmiller 1223 S 113th Ct. Omaha, NE 68144	Friend	\$200.00	
	ID# CK#				
	ID#				
	CK#				
	CK#				
	ID# CK#				
	ID#				
	ID#				
	CK#				
	CK#				
	ID# CK#				
			SUB-TOTAL	¢	
Disclosure law re-		TOTAL (if last page	e of this schedule)	\$ 400.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no applicable" in the relationship column. (for Schedule A)

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familial relationship,